



ASSOCIATION OF BRITISH NEUROLOGISTS

JOB PLANNING

This advice updates and amends that previously circulated

The purpose of this advice is to guide neurologists in negotiating job plans with clinical directors.

- Neurologists should not work in isolation and should be attached to a specified Neurology and Neurosurgery Centre, or be a member of a neurosciences network with a single contract of employment.
- Neurologists should have a base hospital at which the majority of their clinical work is undertaken and other duties performed. None should work at more than two Trusts including their base hospital. Days split between two sites should be avoided whenever possible.

PROGRAMMED ACTIVITIES

The consultant contract in England and Scotland (for Wales and Northern Ireland, see appendix) consists of 10 programmed activities lasting 4 hours (3 in premium time outside 7am to 7pm Monday – Friday in England and 8am to 8pm in Scotland) and a full time consultant will be expected to have 7.5 direct clinical care and 2.5 supporting professional activities in a working week of up to 40 hours.

These activities comprise:

- Direct clinical care & travelling time
- Supporting Professional Activities
- Additional NHS Responsibilities
- External Duties

DIRECT CLINICAL CARE

Work directly relating to the prevention, diagnosis or treatment of illness including emergency duties (including emergency work carried out during or arising from on-call), ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meetings about direct patient care and administration directly related to the above (including but not limited to referrals and notes). Time spent supervising specialist nurses and non-consultant career grade staff e.g. clinical assistants and GPs with Special Interest should also be included.

Outpatient clinical activity

The number of outpatient clinics will depend on other duties, in particular the amount of in patient work. The ABN recommends that a job plan should not normally contain more than three outpatient sessions in a week including subspecialty clinics, each of which will normally be a full (4 hour) programmed activity.

The ABN recommends that an additional 50% (2 hrs) per clinic as a minimum is included in direct clinical care for:

- ❖ Responses to referrals including the grading of letters, and responding by telephone, email or other means.
- ❖ Time taken in administration relating to patients attending clinics including arranging and reviewing investigations, giving any further opinion and arranging for copy and other letters to be sent to the patient: it should be recognised that such administration may vary significantly between general neurology clinics and subspecialist clinics.

Where consultants are expected to spend time on more than one site, travelling time to and from their main base to other sites must be included as working time within a programmed direct clinical care activity, either as additional paid time or by a corresponding reduction in clinical activity to allow for travelling.

It is expected that the number of clinics per year would take account of other clinical duties including ward work, teaching, holidays and study leave and lie between 38 and 42 clinics / year.

Definitions of new and old patients will be found on the ABN website. Where consultants are supervising other doctors, or teaching, clinics should be reduced by 25%. The suggested minimum time per neurological out-patient is:

- New patient 30-60 minutes for a consultant
 40-75 minutes for a specialist registrar
- Follow-up patient 15-45 minutes for a consultant
 20-60 minutes for a specialist registrar

Although the numbers of patients seen in outpatients depends on seniority and experience as well as case mix, the Association recommends for commissioning purposes, that a 4 hour clinic could be regarded as having 16 fifteen minute time slots for a consultant and 12 twenty minute slots for an SpR. The average new / follow up ratio in a general neurology clinic is 2:3 but subspecialty clinics vary in their new / follow up ratio, for example in MS and epilepsy clinics. Also, in subspecialty clinics, a new patient referral may require one hour and a follow up thirty minutes owing to the complexity of their condition. In a general neurology clinic, the follow up appointment for communication of the diagnosis in cases of serious neurological disease such as motor neuron disease, multiple sclerosis, etc, may require forty-five minutes. Whilst local adjustments will need to be made, for commissioning purposes, clinics could be booked for instance with 4-5 new and 6-8 follow up patients for consultants and 4 new and 4 follow up for SpRs or proportionately fewer if shorter clinics are undertaken.

In patient clinical care

This may take the form of ward rounds, consulting on other inpatients (ward liaison) and care of emergency admissions. Most job plans will include 1 – 3 direct clinical care PAs for this purpose, including all administration consequent upon this work. Ward liaison sessions and accompanying administration should be included to take account of the average number of patients seen. An average ward referral may take between thirty to sixty minutes depending on circumstances such as availability of patient notes and radiology including discussion with the physician in charge or organisation of additional investigations or possibly transfer to the regional neurological centre. On average therefore, 4-5 ward referrals will be equivalent to one PA.

The following activities should also be included

- Liaison with multidisciplinary teams including radiologists, nurse specialists and other staff.
- Discharge planning including writing discharge summaries

Emergency and on call clinical activities

Predictable emergency work takes place at regular times, e.g. as a consequence of a period of on-call work. The number of hours regularly worked whilst on-call is assessed prospectively and built in to the consultant's weekly direct clinical care PAs. If on-call work takes place during premium time, three hours of work will count as one PA, rather than four. To illustrate this: if when on call for the weekend a consultant normally does a 3 hour in-patient ward round and review of referrals each day, then as these hours are in premium time these 6 hours of work will count as 2 direct clinical care PAs. These will then be averaged over the rota cycle so if the on call is 1 in 4 this regular, predictable, weekend work will count as 0.5 PAs per week; for a 1 in 8 this would be 0.5 PAs per fortnight etc. A similar calculation can be done for predictable on call work done on weekdays such as an evening ward round.

Unpredictable on-call work ("emergencies"). is work done whilst on-call and associated directly with the consultant's on-call duties e.g. recall to hospital. This should also be assessed prospectively and built into the direct clinical care PA allocation in a similar fashion.

Additional direct clinical care PAs

These should include time for administration, ie one extra clinic would be equivalent to 1.5 PA.

SUPPORTING PROFESSIONAL ACTIVITIES

These are activities that underpin Direct Clinical Care including:

Continuing professional development

Continuing medical education must be included in the job plan. We recommend as a minimum the equivalent of one PA or 2 half PAs for attending post-graduate educational meetings and for private study. On occasions, attendance at such meetings will involve the Neurologist in teaching colleagues and neurological trainees. The provision and funding for 10 days per annum study leave for Consultant Neurologists is mandatory.

Clinical Governance, Audit, and Administration:

Provision must be made in the job plan for local clinical management, governance, unit meetings, audit and other meetings to support patient care and service development. (0.5-1 PA).

Education and Teaching of neurological trainees, other health professionals and students

Allowance must be made for educational supervision and training needs for neurological and other trainees. The extent of this allowance will vary considerably depending on the role and seniority of a participating trainee, whether non-participating health professionals are present and whether undergraduate students needing teaching are present. (0.5-1 PA).

Research and Development

Consultants should be encouraged to continue research and one PA per week would normally be made available for this activity.

Undergraduate education

This varies e.g. between University NHS Trusts and “non-teaching” trusts, but should be an identified component of the job plan if required.

EXTERNAL DUTIES

These might include trade union duties, inspections for the CHAI, acting as an external member of an Advisory Appointments Committee, undertaking assessments for the National Clinical Assessment Authority, work for the Royal Colleges in the interests of the wider NHS e.g. examining or SAC, work for a Government Department, or specified work for the General Medical Council and work for the ABN

ADDITIONAL NHS RESPONSIBILITIES:

These responsibilities, which are not usually undertaken by the generality of consultants, should be agreed between a consultant and the employing organisation and which cannot be absorbed within the time that would normally be set aside for Supporting Professional Activities and include:

- Medical Director or Director of Public Health
- Clinical Director or lead clinician
- Caldicott guardian
- Clinical audit, or governance lead
- Undergraduate or postgraduate dean
- Clinical tutor or regional education adviser
- Appraisal

APPENDIX – ARRANGEMENTS IN OTHER NATIONS

Wales

If the amendments to the national consultant contract are accepted then there will be a number of differences when compared to the new English contract meaning that some of the advice in this document may have to be read in light of adjustments for PA length, for example.

- ❖ The basic working week will consist of 37.5 hours on average, consisting of 10 sessions of 3-4 hours duration (hence depending on each individual PA length recommendations for booking clinics will need adjustment appropriately)
- ❖ There should typically be 7 direct clinical care and 3 supporting professional activities PAs rather than 7.5/2.5
- ❖ Only the first 3 hours of predictable on call work per week can be counted as a direct clinical care PA.
- ❖ There is no clear definition of times when premium rates for emergency work shall apply and no premium rate is set for non-emergency PAs scheduled outside normal working hours
- ❖ The existing scheme for out of hours intensity supplements will apply, at enhanced rates, rather than the new availability supplement.

Northern Ireland

The current consultant contract of a minimum of 10 Notional Half Days of 3.5 hours each, flexibly worked, will continue for the time being. The ABN recommends no more than 7 NHDs are ‘fixed’. [ref previous document]

***Revised and updated by the Services and Standards Sub Committee
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